

**THE SPINE CENTER OF LOUISIANA, INC. Medical
Records Department**

9001 Summa Ave, Suite 346

Baton Rouge, LA 70809

Fax: 225-515-5705 Phone: 225-515-5700 ext. 1002 mcorbnn@spinel.com

Request for Inspection and/or Copy of Protected Health Information

You have a right as required by the Health Insurance Portability and Accountability Act of 1996 to request the opportunity to inspect and copy health information that pertains to you. **THE SPINE CENTER OF LOUISIANA, INC.** can evaluate your request to inspect these records and can either grant or deny the request. If such request is denied, an explanation will be given as to the reason why the request will not be granted. In the event that your inspection request is denied, you may request that someone review the decision other than the person who originally denied the request.

Patient's Name: _____ DOB _____ Last 4 SSN _____

Telephone: _____

Requestor (If not patient): _____ Relationship to patient _____

I hereby request to inspect and/or copy the health information pertaining to the above named patient maintained at The Spine Center of Louisiana, Inc. Please provide me with access to and/or a copy of the following information (please be specific):

Paper Copies of Chart (no charge for 1st set provided)

Date of Service (approx.) _____ Description _____

MRI / X-Ray Images (burned on CD) \$10

Date of Service (approx.) _____ Description _____

Patient's / Requestor's Signature

Date

Please Choose ONE of the following:

I am currently in the clinic and will wait for my copies (takes approx. 10-15 minutes).

I will pick up my copies- please wait for phone call before coming to pick up. Phone # _____

Fax copies to ME. My fax # is: _____

Mail copies to ME. My address is: _____

Please note that we are unable to email records at this time.

For Office Use Only

BJCBR

Employee _____

Date Received _____

Reviewed by: _____ Review Date: _____

This request is hereby ____ Granted ____ Denied

If granted, released #pages _____ #Film CDs _____ #Films _____

*Sent electronically for review by Chief Privacy Officer

Charges

- Papers _____
- Radiology CD _____
- Radiology Films _____
- Postage / Handling _____
- Total _____

- OR-** No Charge